MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06876

6891

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton 40
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial 20
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: Dorchester
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock 09 x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) E. (Last) Allen
4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1954
5. SEX: M
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 6/3/1861
9. AGE Last birthday: 92 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Allen
14. MOTHER'S MAIDEN NAME: Eliza Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY, No.: 213-24-4232 ~~& Medicare~~ 213-24-4232
17. INFORMANT & ADDRESS: Bernice Hamard Hurlock, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.1
Immediate cause (a) Gangrene of rt. leg
DUE TO (b)
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (c) Advanced arteriosclerosis
(d) Pulmonary thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 05 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ralph Lloyd Talbot M.D. Easton Memorial Hosp 7/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-10-54
NAME OF CEMETERY OR CREMATORY Federal Hill
LOCATION (City, town, or county) (State) Federalsburg Md
DATE REC'D BY LOCAL REGISTRAR 7/9/54
REGISTRAR'S SIGNATURE N. H. Meeres
24. FUNERAL DIRECTOR J J Trampton Son
ADDRESS Federalsburg Md.

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06877

CERTIFICATE OF DEATH

6892

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Locust X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 20
STREET ADDRESS (If rural give location) 109 Locust

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) N. (Last) Bailey

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 1890 | 9. AGE last birthday 63 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter | 10B. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bailey | 14. MOTHER'S MAIDEN NAME: Isabella Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 149-05-6008 | 17. INFORMANT & ADDRESS: Mrs. Pauline Posey

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Arteriosclerotic Heart Disease — 3 months

ANTECEDENT CAUSE (S) (B) Due to Myocardial Infarction

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

420.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of Penis — 2 years.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1954 to 7/27, 1954 that I last saw the deceased alive on 7/27, 1954, and that death occurred at 6P M, from the causes and on the date stated above.

SIGNATURE Frank E Mason M.D. | ADDRESS 18 W. Dover St Easton Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/30/54 | NAME OF CEMETERY OR CREMATORY Richards Cem. | LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REGISTRAR 7/30/54 | REGISTRAR'S SIGNATURE T. H. Meeres | 24. FUNERAL DIRECTOR James B. Dashiell | ADDRESS Easton, Md

RECEIVED
AUG 3 1954
BUREAU V. S.

06878

MARYLAND 6912

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels X — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X St. Michaels
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Benjamin Brooks

4. DATE OF DEATH (Month) (Day) (Year): 7 30 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7/11/1867
9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Local Truck Hauling
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Alex Brooks
14. MOTHER'S MAIDEN NAME: Margaret Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): 4 No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Bertie Brooks - St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x

Immediate cause (a) cerebrovascular accident — 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cerebrovascular d. — —

(c) Dehydration — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7-16, 1954, to 7-30, 1954, that I last saw the deceased alive on 7-30, 1954, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD — ADDRESS: St Michaels Md — DATE SIGNED: 7-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: 8/1/54 — NAME OF CEMETERY OR CREMATORY: St. Michaels — LOCATION (City, town, or county): St. Michaels — (State): Md.

DATE REC'D BY LOCAL REG.: July 31, 1954 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS: St. Michaels, Md

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06879

6913

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (In this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Fla. COUNTY Palm Beach
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pahokee 48X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lilly (Middle) Ruth (Last) Burley

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 7/25/49
9. AGE last birthday 5 yrs. IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Burley
14. MOTHER'S MAIDEN NAME: Roslee Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs Roslee Green

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

130.0

IMMEDIATE CAUSE (A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Ascaris lumbricoides — 6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1954, to 7/25, 1954, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 4A M, from the causes and on the date stated above.

SIGNATURE Frank E Mason M. D. ADDRESS Easton DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/27/54
NAME OF CEMETERY OR CREMATORY Richards Cem.
LOCATION (City, town, or county) Easton md. (State)

DATE REC'D BY LOCAL REGISTRAR 7/27/54
REGISTRAR'S SIGNATURE N. H. Nerius
24. FUNERAL DIRECTOR James B. Darkiell ADDRESS Easton md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 241

6914 CERTIFICATE OF DEATH

Reg. Dist. No. 06880

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Royal Oak | LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Royal Oak
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Willard (Middle) Frampton (Last) Carroll, Sr

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: September 22, 1900

9. AGE Last birthday: 53 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Automobile Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Automobile Dealer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr. Charles Carroll

14. MOTHER'S MAIDEN NAME: Sadie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk | (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: 212-12-3396

17. INFORMANT & ADDRESS: Hospital Admission Records, Easton Memorial Hosp- Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (420.0)	(a) Myocardial Infarction	Immediately
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Arterio Sclerosis	4 years
	DUE TO (c) Arterio Sclerotic Heart Disease	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 July, 1954, to 30 July, 1954, that I last saw the deceased alive on 30 July, 1954, and that death occurred at 10:30 pm, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Gordon Walker	M. D.	Easton Maryland	31 July, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 2 1954	Spring Hill Cemetery	Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 2, 54	Mrs. Robt. Seth, asst.	W. Frampton Carroll Jr.	Easton, Md.

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06881

6893

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY Talbot MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40

LENGTH OF STAY (in this place) 1/2 hr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Luke (Middle) (Last) Cook

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1954

5. SEX: F

6. COLOR OR RACE: B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-29-13

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: H.W

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Tilghman

14. MOTHER'S MAIDEN NAME: Katie Copper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: S

17. INFORMANT & ADDRESS: Norman Cook (Trust) Easton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Pulmonary Edema

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) H.C.V.D

DUE TO

(660X) (c)

Interval Between Onset And Death: Half Hour ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Delivery of Triplets (Gravida IX) 6-29-54

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29/, 1954, to 7/28/, 1954, that I last saw the deceased alive on 7/28/, 1954, and that death occurred at 4:45 AM, from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/31/54

NAME OF CEMETERY OR CREMATORY Richards

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/29/54

REGISTRAR'S SIGNATURE N. H. Neerus

24. FUNERAL DIRECTOR James B. Dashield M.B.P.

ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1954
BUREAU V. S.

Item 21 Film G168A 8-2-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06882

6894 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 17da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton, Md
STREET ADDRESS (If rural give location) 05X-2

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) (Last) Downes
4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: Oct 12 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HW
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ernest Downes
14. MOTHER'S MAIDEN NAME: Josephine Williams
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Robert W Downes Jr Mr. H. H. Downes Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 904.0

Immediate cause (a) Pulmonary embolism
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombosis rt. Leg
DUE TO
(c) Fracture rt. femur

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) 20 (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/30/54 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ 1
HOW DID INJURY OCCUR? Patient fell at her home

22. I hereby certify that I attended the deceased from June 30, 1954, to July 17, 1954, that I last saw the deceased alive on ..... 19....., and that death occurred at 2 55 am, from the causes and on the date stated above.
SIGNATURE Alphonse J. M. D. (Degree or title) ADDRESS Easton Memorial Hosp DATE SIGNED 19 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 20 54 NAME OF CEMETERY OR CREMATORY Denton Cemetery LOCATION (City, town, or county) Denton (State) Md
DATE REC'D BY LOCAL REGISTRAR 7/18/54 REGISTRAR'S SIGNATURE M. H. Neerus
24. FUNERAL DIRECTOR J. Nigel Mason & Son ADDRESS Denton.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06883

6895

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 4 hrs - 4 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock 09X-2
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Henry (Last) Gallagher
4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify): Married
8. DATE OF BIRTH: 6-20-1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Gallagher
14. MOTHER'S MAIDEN NAME: Cecelia McMahan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mrs. Pauline Handy - Daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

584X

Immediate cause (a) Acute Cholecystitis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cholelithiasis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aneurism of left ventricle

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Pathologist (Degree or title) M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 27 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/23/54
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) (State) Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR 7/21/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J J Frampton Son. ADDRESS Federalsburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06884

Item 9 film G168A 7/23/54 cm 6896

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 12 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton 05x-2
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Asbury (Last) Greaves

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954.

5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept 20-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): C+P telephone.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Greaves.
14. MOTHER'S MAIDEN NAME: Jane Irdwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Mrs Ann F Greaves wife (Denton Md)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Cerebral arteriosclerosis — Interval Between Onset And Death: 4 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20, 1954, to 7/2, 1954, that I last saw the deceased alive on 7/2, 1954, and that death occurred at 12.30 A, from the causes and on the date stated above.

SIGNATURE William L. Winters (Degree or title) MD ADDRESS Easton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-5-54
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Denton, Md (State)

DATE REC'D BY LOCAL REGISTRAR 7/3/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [signature]
ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

06885

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6915

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Pennsylvania COUNTY: Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman X — LENGTH OF STAY (in this place): 24 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havertown 75X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS: - - - - - - X	STREET ADDRESS (If rural, give location): 205 Harding Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mr. Reynold H. Gunther	4. DATE OF DEATH (Month) (Day) (Year): July 4th 1954
5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: Jan. 3, 1891	9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Radiator Repair — 10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Christian Gunther	14. MOTHER'S MAIDEN NAME: Louise ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 9 — 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Mrs. Martha Gunther, 205 Harding Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	42.0.1 Coronary occlusion	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	History of attacks	5 yrs
(c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from never saw before, 19....., to ....., 19....., that I last saw the deceased alive on called after death, 19....., and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: Guy M Reeves Jr. (Degree or title) MD. — ADDRESS: Tilghman — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 7/7/1954	NAME OF CEMETERY OR CREMATORY: Parkwood Cem.	LOCATION (City, town, or county) (State): Balto Md
DATE REC'D BY LOCAL REG.: 7-7-54	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road #14	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06886

6897 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 9 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Neavitt, Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John. (Middle) W. (Last) Haddaway.
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954.

5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: Aug. 1873. 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Mr Thomas Haddaway
14. MOTHER'S MAIDEN NAME: Florence Ball.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Margaret K. Hunt (daughter) Neavitt Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Myocardial Infarction

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary thrombosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1954, to 7/2, 1954, that I last saw the deceased alive on 7/2, 1954, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

Pathological

SIGNATURE O.C.H. Schmidt M.D. (Degree or title) ADDRESS Easton Memorial Hosp. DATE SIGNED 7 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-5-1954
NAME OF CEMETERY OR CREMATORY Neavitt Cemetery
LOCATION (City, town, or county) Neavitt Md (State)

DATE REC'D BY LOCAL REGISTRAR 7/3/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR S. Hambleton Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06887

6898 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON 40
LENGTH OF STAY (in this place) 59 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 05X-2
STREET ADDRESS (If rural give location) R#2 - Box 38A

3. NAME OF DECEASED: (Type or Print) (First) Eunice (Middle) Virginia (Last) Hardy
4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: April 9-1926
9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LADORER
10b. KIND OF BUSINESS OR INDUSTRY: Caroline Poultry
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Hill
14. MOTHER'S MAIDEN NAME: Clara Hill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-16-8485
17. INFORMANT & ADDRESS: John D. Hill - Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

200.1

Immediate cause (a) Lymphosarcoma DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Pathologist (Degree or title) Carl Schmidt, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 17 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/18/54
NAME OF CEMETERY OR CREMATORY Federal Hill
LOCATION (City, town, or county) Federalsburg (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7/16/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J J Frampton Son ADDRESS Federalsburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06888

6899

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: 40 Easton — LENGTH OF STAY (in this place): 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 20 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Sherwood.

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) M. (Last) HOWARTH Howeth

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 19, 1896

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Edward Howeth HOWARTH

14. MOTHER'S MAIDEN NAME: Elizabeth Sinclair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 4

(If Yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Howarth Sherwood Md. Mrs. Kate Howeth,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) Brain Tumor - Malignant — Interval Between Onset And Death: 15 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23-54, 19..., to 7-6-, 1954, that I last saw the deceased alive on 7-6-, 1954, and that death occurred at 2 10/ p.m., from the causes and on the date stated above.

SIGNATURE Harold A. Bartlett (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/9/54 — NAME OF CEMETERY OR CREMATORY: Sherwood Cemetery — LOCATION (City, town, or county) (State): Sherwood Md

DATE REC'D BY LOCAL REGISTRAR: 7/9/54 — REGISTRAR'S SIGNATURE: N.H. Nevers

24. FUNERAL DIRECTOR: W. Hamilton Harrison — ADDRESS: St. Michaels Md

RECEIVED
JUL 12 1954
BUREAU V. S.

6919

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06889

Item 9 film G168 7/21/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 21 (

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Talbot

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Saint M. Michaels

LENGTH OF STAY (in this place) 10 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Saint M. Michaels

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) L (Last) Kirby

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 23 1873

9. AGE last birthday: 80 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis Hollywood

14. MOTHER'S MAIDEN NAME: Sarah Hughes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Mary May St. Michaels, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 48 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary occlusion — 48 hrs.

DUE TO

(c) Obesity and senility (debility) — few years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19..... to 8 JULY, 1954, that I last saw the deceased alive on D.O.A., 19....., and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur V. McLelland M.D. 107 W. Chestnut St. St. Michaels, Md. 9 JULY 54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF July 12, 1954 | NAME OF CEMETERY OR CREMATORY Calvary | LOCATION (City, town, or county) New York (State) N.Y.

DATE REC'D BY LOCAL REGISTRAR July 10-54 | REGISTRAR'S SIGNATURE Mrs Robert R. Leek

24. FUNERAL DIRECTOR Wm. Hall & Son ADDRESS Easton Md.

D.O.A. - LOUIS I. WELTY, M.D. - LOCAL MEDICAL EXAMINER - APPROVED CERTIFICATE.

RECEIVED
JUL 14 1954
BUREAU V. S.

Dr. Cox

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07877

6900 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 14 hrs-15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely 05X-2
STREET ADDRESS (If rural give location) St. Gertrude's Academy

3. NAME OF DECEASED: (Type or Print) (First) Mr. George (Middle) (Last) Knussman
4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 11, 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Joseph Knussman ~~[illegible]~~ Smyrna Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) H C V D
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1954, to 7/31, 1954, that I last saw the deceased alive on 7/31, 1954, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. G. Cox M-D. Easton Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY St. Gertrudes
LOCATION (City, town, or county) (State) Ridgely Md.

DATE REC'D BY LOCAL REGISTRAR 8/1/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1954
BUREAU V. S.

Thus all the
information that
could be obtained

06890

6917

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EMMA L. LEDNUM
4. DATE OF DEATH (Month) (Day) (Year): 1 1 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 5-28-1891
9. AGE last birthday: 63 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Food Packer
10b. KIND OF BUSINESS OR INDUSTRY: FACTORY
11. BIRTHPLACE (State or foreign country): TILGHMAN MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emil Schorch
14. MOTHER'S MAIDEN NAME: Mary Niblett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 218-01.9757
17. INFORMANT AND ADDRESS: Howard Lednum Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause (a) Malignant Tumor right abdomen — INTERVAL BETWEEN ONSET AND DEATH: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to July 1, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 3P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gwyn Reed Md. Tilghman Md.

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF: 7-3-54
NAME OF CEMETERY OR CREMATORY: Tilghman Meth.
LOCATION (City, town, or county) (State): Tilghman Md.

DATE REC'D BY LOCAL REG.: July 3, 54
REGISTRAR'S SIGNATURE: Mrs Robt L. Selk
24. FUNERAL DIRECTOR: J. Leeds Moore Tilghman Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06891

6901 **CERTIFICATE OF DEATH**

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 29½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Miller

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: May 16, 1953
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl L. Miller
14. MOTHER'S MAIDEN NAME: Norma Bilger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Carl Miller, Chester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752X

Immediate cause (a) Bronchopneumonia bilateral — Interval Between Onset And Death: 2-3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Congenital Malformation of Heart

DUE TO (c) Hydrocephalus, bilateral club foot } birth

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Harelip - Mentally deficient

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1954 to 7/4, 1954 that I last saw the deceased alive on 7/4, 1954, and that death occurred at 10:30 pm, from the causes and on the date stated above.

SIGNATURE John E. Baybutt (Degree or title) M.D. ADDRESS 214 Dover St Easton Md DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/6/54
NAME OF CEMETERY OR CREMATORY Globe Mills
LOCATION (City, town, or county) Globe Mills (State) Pa

DATE REC'D BY LOCAL REGISTRAR 7/5/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Jewreau & Son ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1954
BUREAU V. S.

Item 9 film G168A 8/5/54 cm

Dr Reese

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06892

6918

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Neavitt X
LENGTH OF STAY (in this place) entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Neavitt X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) W. (Last) Newnam

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Oct. 24, 1882
9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Talbot Co
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T. Wayman
14. MOTHER'S MAIDEN NAME: Helen Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs. Emma Ball (Neavitt Md)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min
DUE TO
(B) cardiac failure - chronic — 3-4 yrs.
DUE TO
(C) arteriosclerotic cardiovascular — -

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12-9, 1953 to 7-31, 1954 that I last saw the deceased alive on 7-31, 1954, and that death occurred at 6 20/4 M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS St Michaels Md DATE SIGNED 8-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 2-54
NAME OF CEMETERY OR CREMATORY Neavitt Cem
LOCATION (City, town, or county) (State) Neavitt Md

DATE REC'D BY LOCAL REGISTRAR Aug 2, 1954
REGISTRAR'S SIGNATURE Mrs Robt L. Seth
24. FUNERAL DIRECTOR M. E. Newnam & Son ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06893

6902 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) all of his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Hanson St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 107 Hanson St.

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) (Last) Porter

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 10, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): a Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Easton Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Porter

14. MOTHER'S MAIDEN NAME: Margaret Rick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Bertha Robinson Easton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hypertensive Arteriosclerotic heart disease 420.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardiac Decompensation

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to July, 1954, that I last saw the deceased alive on 24 July, 1954, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. EDWIN FASSETT, M.D. ADDRESS 227 Pine St-Cambridge, Md. DATE SIGNED 7-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/27/54 NAME OF CEMETERY OR CREMATORY Richardson Cemetary LOCATION (City, town, or county) (State) Easton Md.

DATE REC'D BY LOCAL REGISTRAR 7/25/54 REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR Lewis H Baynum ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1954
BUREAU V. S.

6903 06894

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 Dover st. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Easton 40
STREET ADDRESS (If rural, give location) R.F.D 2

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Emma (Last) Powell
4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH:
9. AGE last birthday: ? 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Spencer Taylor
14. MOTHER'S MAIDEN NAME: Wilmina Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Elsie Griffin Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Nasopharyngeal hemorrhage
DUE TO
Antecedent cause(s) (b) due to Hypertensive C.V.D.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: Immed.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis Whetty MD M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/7/54
NAME OF CEMETERY OR CREMATORY Richards
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 7/7/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B Sarkiell ADDRESS Easton, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06895

CERTIFICATE OF DEATH

Dr mason

Reg. Dist. No. 290

6904

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Easton 40
LENGTH OF STAY (in this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 South Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
STREET ADDRESS (If rural give location) 322 South Lane

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E. (Last) Pritchett

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: aug 16 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 10 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: cleaning & Pressing

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ebli Pritchett

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Clarence Pritchett, Easton, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Hypertension Arteriosclerotic Heart Disease	4 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO Nephritis Chronic	3 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1954, to 7/1, 1954, that I last saw the deceased alive on 7/1, 1954, and that death occurred at 5-a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank E. Mason M.D. ADDRESS 180 Dover St Easton Md DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 6-54 | NAME OF CEMETERY OR CREMATORY Bucklands Cemetery | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/2/54 | REGISTRAR'S SIGNATURE M H. Keeney

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

Item 18 Film G168A 8-11-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06896

CERTIFICATE OF DEATH

Reg. Dist. No. 290

6905

1. PLACE OF DEATH: COUNTY Talbot MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40 — LENGTH OF STAY (in this place) 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Lake

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willoughby 72-X-3

STREET ADDRESS (If rural give location) Waite Hill Road R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) E. (Last) Rankin

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 25, 1952

9. AGE last birthday: 2 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert M. Rankin

14. MOTHER'S MAIDEN NAME: Norma E. Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Norma E. Rankin, Waite Hill Road, Willoughby, Ohio - R.F.D. #3

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

082X

Immediate cause (a) ENCEPHALITIS - Acute infectious type probably viral — Interval Between Onset And Death: 31 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1954, to 7-13-, 1954, that I last saw the deceased alive on 7-13-, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald F. Bartley M.D. — ADDRESS Easton, Md. — DATE SIGNED 7-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-14-54 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/13/54 — REGISTRAR'S SIGNATURE N. H. Nevins — 24. FUNERAL DIRECTOR W. Frampton Carroll Jr. — ADDRESS EASTON, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUL 29 1954
BUREAU V. S.

Dr. Schmidt please

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06897

CERTIFICATE OF DEATH

Reg. Dist. No. 290

6906

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 20 hrs. 22 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md 40
STREET ADDRESS (If rural give location) Floods Ave.

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) (Last) Sampson
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: December 19, 34
9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marian Sampson
14. MOTHER'S MAIDEN NAME: Roseva Paula

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Marian Sampson (father) Easton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

092x

Immediate cause (a) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Infectious hepatitis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1954, to 7/3, 1954 that I last saw the deceased alive on 7/3, 1954, and that death occurred at 9:12 pm, from the causes and on the date stated above.

SIGNATURE: A. Schmidt (Degree or title) M.D. ADDRESS: Easton Memorial Hosp. DATE SIGNED: 13 Jul 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/6/54
NAME OF CEMETERY OR CREMATORY: Richards
LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REGISTRAR: 7/4/54
REGISTRAR'S SIGNATURE: N. H. Neeres
24. FUNERAL DIRECTOR: James B. Darnell ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

Film G169, 8-24-54, Item 7, et

07884

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6907

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY Talbot MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40

LENGTH OF STAY (in this place) 3 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Queen Anne

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville, Md 17X-2

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) B. (Last) Seward

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1954

5. SEX: m

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 7, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: gas station oper

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Seward

14. MOTHER'S MAIDEN NAME: Annie Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Cecile Mulligan 681 Clarkson Ave. Brooklyn, NY

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

Immediate cause (a) Pulmonary embolus — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertrophied prostate — 2 years

DUE TO (c) T.V.R. uremia - thrombo — 2 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis phlebitis myocardial degeneration

19a. DATE OF OPERATION: July 7, 54

19b. MAJOR FINDINGS OF OPERATION Nodular hypertrophy of prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1954 to July 23, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 8:25 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Stan F. Schneider ADDRESS Easton Md DATE SIGNED July 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 26-54

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Easton Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 7/24/54

REGISTRAR'S SIGNATURE N. H. Neirier

24. FUNERAL DIRECTOR Baeton Bros Centreville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06898

CERTIFICATE OF DEATH

6908

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centerville 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) (Last) Slaughter

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 9, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Slaughter
14. MOTHER'S MAIDEN NAME: Henrietta Callahan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-03-4966
17. INFORMANT & ADDRESS: Jas B. Slaughter - Centerville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of Liver

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1954, to 7/12, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 9 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) C. A. Schmidt, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 13 Jy 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-15-54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 7/13/54
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR Barton Bros. Centerville, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

06899

MARYLAND 6919

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH· COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne X — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Claiborne, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John Emory Smith

4. DATE OF DEATH (Month) (Day) (Year): 7 2 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/8/80

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Packing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wilson Smith

14. MOTHER'S MAIDEN NAME: Florence Drake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): 3 No

16. SOCIAL SECURITY NO.: 216-07-4415

17. INFORMANT AND ADDRESS: Mary Smith, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4

Immediate cause (a) Loss of compensation — 1 week

Antecedent cause(s) (b) Chronic nodular heart disease — 3 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to July 2, 1954, that I last saw the deceased alive on July 28 1954, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Guy M Reeves Sr. Md. — ADDRESS Titghmans — DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify): Buriel — DATE: 7/4/54 — NAME OF CEMETERY OR CREMATORY: Claiborne — LOCATION (City, town, or county) (State): Claiborne, Md.

DATE REC'D BY LOCAL REG.: 7-3-54 — REGISTRAR'S SIGNATURE: Mrs Robt R. Seek

24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS

MARGIN RESERVED FOR BINDING

Local Registrar

To County Registrar by

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06900

6920

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hillsboro X
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hillsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ANN (Last) SNOW
4. DATE OF DEATH: (Month) JULY (Day) 25 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 16, 1862
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levi Voshell
14. MOTHER'S MAIDEN NAME: Fannie Vane

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Henry Snow, Queen Anne, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Myocarditis acute — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 4 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1954, to 7-25, 1954, that I last saw the deceased alive on 7-24, 1954, and that death occurred at 2:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Duncan O. George M.D. ADDRESS Denton Md. DATE SIGNED 7/26/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF July 28, 1954
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 7/27/54
REGISTRAR'S SIGNATURE N. H. Neerees
24. FUNERAL DIRECTOR Charles N. Moore, ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06901

6931

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trapple X
LENGTH OF STAY (in this place): all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Mulliken (Last) Sullivan

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 9-1886

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months 7 Days 17 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Trappe, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles F. Mulliken

14. MOTHER'S MAIDEN NAME: Ella B. Frampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ralph M Sullivan, Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

(4500) (260X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. — 2 yrs

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no — (CITY OR TOWN) no — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: no — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 9-26, 19 54, to 7-26, 19 54, that I last saw the deceased alive on 7-26, 19 54, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

SIGNATURE: William L. Winters — (Degree or title) M.D. — ADDRESS: 210 E. Dover Easton Md — DATE SIGNED: 7-27-54

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF: July 29 1954 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county) (State): Easton, Maryland.

DATE REC'D BY LOCAL REGISTRAR: 7/27/54 — REGISTRAR'S SIGNATURE: M.A. Meeres

24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton, Md.

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06902

CERTIFICATE OF DEATH

6909

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 28 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: Caroline
STATE Maryland COUNTY ~~Queen Annes~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Virginia (Last) Thomas

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-16 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HW.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Horney
14. MOTHER'S MAIDEN NAME: Lizzie Pritchett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Sadie Pritchett (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) Ileus and Acute delilation of Stomach — 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive cardio vascular disease — 10 yrs.

DUE TO (c) with failure — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Surgery for umbilical hernia — ?

19a. DATE OF OPERATION: 3 7/15/54
19b. MAJOR FINDINGS OF OPERATION Incarcerated omentum.
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21, 1954, to 7-19, 1954, that I last saw the deceased alive on 7-19, 1954, and that death occurred at 6 am, from the causes and on the date stated above.

SIGNATURE J. T. B. Ambler (Degree or title) MD ADDRESS Easton Md DATE SIGNED 7/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-22-54
NAME OF CEMETERY OR CREMATORY Sandtown
LOCATION (City, town, or county) near Hillsboro (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/20/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J J Frampton Son ADDRESS Federalsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06903

6910

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40-X
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Last) Tilghman

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1954

5. SEX: ~~Fema~~ Male
6. COLOR OR RACE: col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7/9/54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Goldsborough
14. MOTHER'S MAIDEN NAME: Beatrice Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Beatrice Tilghman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776X

IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. unwanted

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Louis Whetty DME M. D. ADDRESS Easton Md DATE SIGNED 7-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/17/59
NAME OF CEMETERY OR CREMATORY Richards Cem
LOCATION (City, town, or county) Easton Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7/17/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Dashiell ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 22 1954
BUREAU V. S.

Items 18&21 Film G168 7/20/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06904

6911 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton 40
LENGTH OF STAY (in this place) 40 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Texas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 80 X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) (Last) Torres

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb 2, 1954

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months 5 Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Margarito Torres

14. MOTHER'S MAIDEN NAME: Sara Esparza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Sara Torres, mother. Cordova, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 902.0	(a) Aspiration Pneumonia — Vomitus	2-3 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Head Injury - fall from bed	3 hrs
	DUE TO (Part II) (c) Malnutrition	5 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒ 20

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Cordova (COUNTY) Talbot (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 7-3-54 - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐ /

HOW DID INJURY OCCUR? Fall from bed.

22. I hereby certify that I attended the deceased from 7/3, 1954, to 7/3, 1954, that I last saw the deceased alive on 7/3, 1954, and that death occurred at 9:10 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) John E Baylott M.D. ADDRESS 214 Dover St Easton Md. DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) / DATE THEREOF July 3, 54 / NAME OF CEMETERY OR CREMATORY / LOCATION (City, town, or county) Cordova (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/3/54 / REGISTRAR'S SIGNATURE M.H. Nelms

24. FUNERAL DIRECTOR ADDRESS Easton

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VS. A15

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MARGIN RESERVED FOR BINDING

RECEIVED
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BUREAU V. S.